

January-February 2008

AHCCCS

Encounter Keys

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UPDATE RATES

Outpatient Facility

The most current Outpatient Facility Peer Groups Document, has been updated to reflect the addition of Scottsdale Healthcare - Thompson Peak (284386).

A revised rate sheet for Banner Gateway Medical Center (262489) for the time period of 10/1/2007 - 9/30/2008 with a new NICU II tier added. Banner Gateway Outpatient Peer Group Multiplier continues to be 1.00.

Outpatient Fee Schedule

AHCCCS has established rates for new procedure codes effective 01/01/2008. The revised Outpatient Fee Schedule is available on the AHCCCS website at <http://www.ahcccs.state.az.us/RatesCodes>. Questions concerning the AHCCCS Outpatient Fee Schedule may be directed to Jean Xia at (602) 417-4233 or Jean.Xia@azahcccs.gov.

Physician Fee Schedule

AHCCCS has established rates for new procedure codes effective 01/01/2008. The new rates are available on the AHCCCS website at <http://www.ahcccs.state.az.us/RatesCodes>. Questions concerning the AHCCCS Physician Fee Schedule may be directed to Victoria Burns at (602) 417-4049 or Victoria.Burns@azahcccs.gov.

Hemophilia Updates

The current 1st Quarter 2008 pricing schedule for Hemophilia effective from 1/1/2008 through 3/31/2008 are available on the AHCCCS website at <http://www.ahcccs.state.az.us/RatesCodes>. Note: There is a new product, Recombinate-BJII, highlighted in yellow, will need to be added accordingly and the product, Alphanate-SD-HT, highlighted in green, is slowly being phased out pending the expiration of any remaining product.



"Don't wait for your ship
to come in. Row out to
meet it."

-Anonymous

Out Patient Fee Schedule (OPFS) processing

Reminder

The procedure code values contained on reference screen RF739 (Limit Override Procedures) with an action code of 05 (Override Bundling) apply only to those OPFS claims where the bundling of revenue codes (as outlined on RF796 (OPFS Bundled Revenue Codes)) are triggered by surgery and/or surgery and ER on the claim.

If bundling for the OPFS claim is triggered only by ER these bundling exceptions do not apply. Please let us know if you have any questions.

Coverage Code(s)

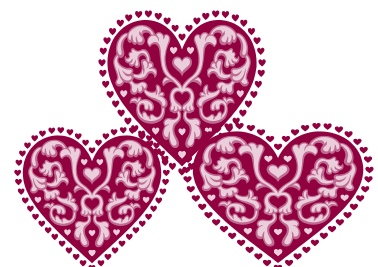
- ♦ Effective for dates of service on or after January 1, 2005 the coverage code for J1931 (Injection, Laronidase, 0.1 mg) has been changed from 04 (Not Covered Service/Code Not Available) to 01 (Covered Service/Code Available).
- ♦ Effective for dates of service on or after January 1, 2008 the coverage code for 50593 (Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy) has been changed to 04 (Not Covered Service/Code Not Available).
- ♦ Effective for dates of service on or after January 1, 2007 the coverage code for the following procedure codes have been changed to 09 (Medicare Only):

G0181 (Physician Supervision Of A Patient Receiving Medicare-Covered Services Provided By A Participating Home Health Agency (Patient Not Present))

G0182 (Physician supervision of a patient under a Medicare-approved hospice)

Daily Maximum

- ♦ Effective for dates of service on or after January 24, 2008 the procedure daily maximum for CPT code 82784 (Gammaglobulin; IGA, IGD, IGG, IGM, each) has been changed to 4.
- ♦ Effective February 1, 2008 the daily limit for HCPCS code H0031 (Mental health assessment by non-physician) is being reduced from ten units to one unit to better reflect the code's description as an event based code rather than a time based code. Also effective February 1, 2008 the Fee-for-Service rate will increase from \$50.00 to \$140.00 per unit.



Place of Service (POS)

- Effective immediately the POS 21 (Inpatient Hospital) has been added to the CPT code 92014 (Ophthalmological Services: Medical Examination & Evaluation).
- Effective with dates of service on or after January 1, 2004 the POS 65 (ESRD Treatment Facility) has been added to the HCPCS code G0326 (End Stage Renal Disease (ESRD) Related Services for Home).



"Life is not measured by how many breaths we take, but by the moments that take our breath away."

-Unknown

Age Limit(s)

- ♦ Effective with dates of service on or after January 14, 2008 the minimum age has been removed from the HCPCS code J0180 (Injection, Agalsidase Beta, 1 Mg).

- ♦ Effective with dates of service on or after December 17, 2007 the age limits have been removed on the HCPCS code J1950 (Injection, Leuprolide Acetate (For Depot Suspension)).



- ♦ Effective with dates of service on or after January 1, 2008, the HCPCS code 92002 (Ophthalmological Services Medical Examination and Evaluation) has no age limit.

Modifier(s)

- ♦ Effective with dates of service on or after January 1, 2007 the end date has been removed on the modifier FB (Item provided without cost to provider).
- ♦ Effective for dates of service on or after January 1, 2007 the modifier(s) 51 (Multiple procedure) and 79 (Unrelated procedure/service, by same physician) can be reported on the HCPCS code G0393 (Transluminal balloon angioplasty, percutaneous for maintenance of hemodialysis access).

NPI Edits Revisions

The following NPI edits, the begin dates of service have been revised.

Primary Provider Edits Set to "Y" pend on Date of Processing 03/01/08:

Z125 (Service Provider NPI Field Is Missing Or Invalid)
 Z126 (Detail Service Provider NPI Field Is Missing Or Invalid)
 Z175 (Service Provider NPI Not On File)

Secondary Provider Edits Set to "Y" pend on Dates of Processing 04/01/08:

F005 (Facility NPI Is Invalid)
 H030 (Referring Provider NPI Is Invalid)
 U006 (Attending Provider NPI Is Missing Or Invalid)
 Z176 (Detail Service Provider NPI Not On File)
 Z235 (Prescribing Provider NPI Is Missing Or Invalid)

For the following NPI edits, no revisions were necessary.

Primary:

Z230 (Service Provider NPI Multiple Matches Identified)
 Z231 (Detail Service Provider NPI Multiple Matches Identified)

Secondary:

F015 (Facility NPI Multiple Matches Identified)
 H040 (Referring Provider NPI Multiple Matches Identified)
 U007 (Attending Provider NPI Multiple Matches Identified)
 Z245 (Prescribing Provider NPI Multiple Matches Identified)

Edit Revision

Effective with dates of service on or after July 1, 2005, the error code P200 (Service Provider Locator Code Not On File) has been turned off ("N").

